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TO

Name: Examiner Patel
Firm: U.S. Patent and Trademark Office.
Fax No.: 703-872-9306
Phone No.: 571-272-0671
Date: February 24, 2004
Subject: 09/541,795

FROM

Name: Chantal D'Apuzzo
Phone No.: 650-849-6600
Fax # Verified by: L. Henson
Pages (incl. this): 25
Our File No.: 09095.0005-00000

Group Art Unit: 1624

REMSEN BUILDING, LOCATION 5C19

Confirmation Copy to Follow: No

Message:


Examiner Patel,

Thank you for our telephone conference last week in which you informed me that the U.S.P.T.O. does not have a record of the response filed February 3, 2004 for the above identified application.

Attached please find a courtesy copy of the response and declaration filed, along with the Express Mail label and the postcard having an O.I.P.E. stamp dated February 3, 2004.

Please note that the response was filed with a declaration having three exhibits. This fax contains only page 1 of Exhibit A, pages 1-3 of Exhibit B, and the complete Exhibit C, which is one page. As Exhibits A and B are a patent and patent application, respectively, you indicated that you have them available to you and did not need them to be faxed to you. However, if you would like us to send them to you via facsimile, please do not hesitate to ask me.

Sincerely,


Chantal M. D'Apuzzo
Reg. No. 48,825

If there is a problem with this transmission, notify sender at the number above.

This facsimile is intended only for the individual to whom it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If you have received this facsimile in error, please notify the sender immediately by telephone (collect), and return the original message by first-class mail to the above address.

PLEASE STAMP TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

In Re Application of: LINK et al.

Application No.: 09/541,795

Group Art Unit: 1624

Filed: March 31, 2000

Examiner: S. Patel

For: CELL ADHESION-INHIBITING ANTIINFLAMMATORY AND
IMMUNE-SUPPRESSIVE COMPOUNDS

1. Response (6 pages);
2. Declaration under 37 C.F.R. § 1.131 (3 pages);
3. U.S. Patent No. 6,110,922 (Exhibit A, 24 pages)
4. Copy of Provisional Patent Application (Exhibit B, 113 pages);
5. Copy of e-mail correspondence (Exhibit C, 1 page);
6. Extension of Time (1 page); and
7. Express Mail Certificate EL 976301209 US.



Dated: February 3, 2004

Docket No.: 09095.0005-00000

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DL-12
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Due Date: 02/26/04

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ORIGIN (POSTAL USE ONLY)

PO Zip Code: 02141
Day of Delivery: ☒ First ☐ Second ☐ Flat Rate Envelope
Insurance: ☐ None ☐ \$1000 ☐ \$5000
Time in: 4:00
Weight: 1.57
No Delivery: ☐ Weekend ☐ Holiday
Accepted by Addressee: ☒ Signature ☐ Initials
Total Postage & Fees: \$17.85

DELIVERY (POSTAL USE ONLY)

Delivery Attempt: ☐ No ☐ Yes
Time: ☐ AM ☐ PM
Employee Signature: _____
Delivery Attempt: ☐ No ☐ Yes
Time: ☐ AM ☐ PM
Employee Signature: _____
Delivery Date: ☐ No ☐ Yes
Time: ☐ AM ☐ PM
Employee Signature: _____
No Delivery: ☐ No ☐ Yes
Employee Signature: _____

Express Mail Certificate No. **200577**

FROM: (PLAIN PRINT)
617, +22 1666
FEDERAL BUREAU OF INVESTIGATION
333 CONSTITUTION AVE STE 700
CAMBRIDGE MA 02142-1207
USA
09095.0005-00000 K2/CMD/ek

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Mail Stop A-1
Commissioner for Patents
P.O. Box 1450
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**** WELCOME TO ****
EAST CAMBRIDGE POST OFFICE
E CAMBRIDGE, MA 02141-1207
02/03/04 04:41PM

Store USPS
Rkstrn sys5002
Cashier's Name
Stock Unit Id
Pg Phone Number
USPS #


Trans 137
Cashier BKZPDD
DANNY
STEDMAN
617-878-8558
2407980141

1. Exp. Mail PO-ADD 22313 0.00
Destination: 11b 15.2002
Weight: 1.57
Postage Type: None
Total Cost: 17.85
Base Rate: 17.85
Label #: EL976301209US
Corporate Accl.: 200577
Amount Charged: 17.85

Subtotal 0.00
Total 0.00

Number of Items Sold: 1
Thank You
Please come again!

Customer Copy
Valid Thru June 2002


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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 02141
 Day of Delivery: ☒ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
 Delivery: 3:00 PM
 Time in: 9:48
 Weight: 1.15 lbs
 No Delivery: ☐ Weekday ☐ Holiday
 Flat Rate Envelope: ☐
 Postage: \$17.55
 Return Receipt Fee: ☐
 CDD Fee: ☐
 Insurance Fee: ☐
 Total Package & Fees: \$17.55
 Accepted/Refused: ☒ Accepted
 Signature: [Signature]
 ZIP Code: 020577
 FROM: (PLEASE PRINT) 017-524 1-00
 FINNEGAN, JEROME S
 33 CAMBRIDGE PKWY STE 700
 CAMBRIDGE MA 02142-1234
 USA
 09095-0005-00000 MS/CYD/sk

DELIVERY (POSTAL USE ONLY)

Delivery Attempt: ☐ Yes ☐ No
 Time: ☐ AM ☐ PM
 Employee Signature: _____
 Delivery Attempt: ☐ Yes ☐ No
 Time: ☐ AM ☐ PM
 Employee Signature: _____
 Delivery Attempt: ☐ Yes ☐ No
 Time: ☐ AM ☐ PM
 Employee Signature: _____
 Signature of Addressee: _____
 Date: _____

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Number of Items Sold: 1
 Thank You
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 **** WELCOME TO ****
 EAST CAMBRIDGE POST OFFICE
 E CAMBRIDGE MA 02141-1207
 02/03/04 04:41 PM

Store USPS 137
 63558 0002
 Cashier's Name: DANNY
 Stock Unit ID: 617-878-8558
 PD Phone Number: 2407980141
 USPS #

1. Exp. Mail PO-AD0 22313 0.00
 Destination: 11b 15.20oz
 Weight: 11b 15.20oz
 Postage Type: None
 Total Cost: 17.85
 Base Rate: 17.85
 Label: EL976301209US
 Corporate Acct.: 200577
 Amount Charged: 17.85

Subtotal 0.00
 Total 0.00

FEB FEB. 24. 2004 11:05 AM R F10C OFFICE 2024084400N 617 452 1666 TO 63559 NO. 337 005 P. 5 P. 05



EL 976301209 US

Mailing Label
Label T-1F June 2002



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Date in	<input type="checkbox"/> Next <input type="checkbox"/> Second	Postage	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	Delivery Attempt	Time	Employee Signature
Time in	Military	Return Receipt Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day		Delivery Date	Time	Employee Signature
Weight	Int'l Alpha Country Code	COB Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I warrant delivery to the addressee without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> Registered <input type="checkbox"/> Mail		\$	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
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Envelopes Mail Corporate Acct. No. XXXXXX 200577			Federal Agency Acct. No. or Postal Service Acct. No.		
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Date in	<input type="checkbox"/> Next <input type="checkbox"/> Second	Postage	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	Delivery Attempt	Time	Employee Signature
Time in	Military	Return Receipt Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day		Delivery Date	Time	Employee Signature
Weight	Int'l Alpha Country Code	COB Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I warrant delivery to the addressee without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> Registered <input type="checkbox"/> Mail		\$	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
METHOD OF PAYMENT			Customer Signature		
Envelopes Mail Corporate Acct. No. XXXXXX 200577			Federal Agency Acct. No. or Postal Service Acct. No.		
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